

MISSISSIPPI UNIFORM ACCIDENT REPORT SUPPLEMENT

Page _____ of _____

Reporting Agency	County/City	Accident Location Hwy/Street
Date of Accident	Time of Accident	Local Case Number

COMMERCIAL VEHICLE FORM: NOT TO BE USED FOR MOTOR HOMES OR FARM IMPLEMENTS.

This form must be completed for ALL traffic accidents involving the following: 1) any truck or truck-tractor having at least 2 axles and 6 tires - 2) any vehicle requiring/displaying a hazardous material placard or - 3) designed to carry more than 15 passengers, including the driver.

Vehicle # _____ Truck/tractor VIN _____ US DOT # _____ ICC MC # _____

Commodities hauled _____ Gross Vehicle Weight Rating _____

No. of Axles _____ Hazardous Materials Placard # (Number or name) _____

List the 1-digit number from the bottom of the placard: _____

Carrier's Name _____

Carrier's Address _____

City _____ State _____ Zip Code _____

Source of Carrier's Name (check one)

- ☐ Driver ☐ Shipping papers
☐ Vehicle side ☐ Log Book

SEQUENCE OF EVENTS (for THIS vehicle) (Number 1-4 in order of occurrence)	
Collision Involving	
A ___ Ran Off Road	I ___ Pedestrian
B ___ Jackknifed	J ___ Motor Vehicle Moving
C ___ Overturned or Rollover	K ___ Parked vehicle
D ___ Downhill Runaway	L ___ Train
E ___ Cargo Loss or Spill	M ___ Pedalcycle
F ___ Explosion or Fire	N ___ Animal
G ___ Separation of Units	O ___ Fixed Object
H ___ Other Event	P ___ Other Object






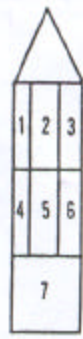
CARGO BODY TYPE	
A	<input type="checkbox"/> Auto Transport
B	<input type="checkbox"/> Bus
C	<input type="checkbox"/> Cargo Tank
D	<input type="checkbox"/> Concrete Mixer
E	<input type="checkbox"/> Dump
F	<input type="checkbox"/> Flatbed
G	<input type="checkbox"/> Garbage or Refuse
H	<input type="checkbox"/> Other
I	<input type="checkbox"/> Van/Enclosed Box

DRIVER'S LICENSE ENDORSEMENTS/RESTRICTIONS	
Check Appropriate Blocks	
P	<input type="checkbox"/> Passenger
H	<input type="checkbox"/> Hazmat
T	<input type="checkbox"/> Tanker
X	<input type="checkbox"/> Doubles/Triples
K	<input type="checkbox"/> Interstate Only
L	<input type="checkbox"/> Airbrakes

VEHICLE CONFIGURATION	
A	<input type="checkbox"/> Bus School (yellow & black)
B	<input type="checkbox"/> Single-Unit truck 2 axles, 6 tires
C	<input type="checkbox"/> Single-unit truck 3 or more axles
D	<input type="checkbox"/> Truck/trailer
E	<input type="checkbox"/> Truck Tractor (Bobtail)
F	<input type="checkbox"/> Tractor/semi-trailer
G	<input type="checkbox"/> Tractor/doubles
H	<input type="checkbox"/> Tractor/triples
I	<input type="checkbox"/> Unknown heavy truck

HAZARDOUS MATERIAL INVOLVEMENT	
Did vehicle have a HAZARDOUS Material placard?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was hazardous MATERIAL released from THIS vehicle's cargo? (not including fuel from tank)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHILDREN'S RESTRAINT USE FORM:

<p>1. Approximate weight _____ lbs.</p> <p>2. Child's Age (months) _____</p> <p>4. Was child secured in anyway? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>5. Was the child on the lap of an adult? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>6. Was child in proper restraint? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>8. Commercial name of restraint device _____ model _____</p> <p>9. Circle restraint type below which most nearly resembles the one use.</p> <div style="display: flex; justify-content: space-around;">      </div>	<p>3. SEVERITY OF INJURY</p> <p><input type="checkbox"/> Not Injured</p> <p><input type="checkbox"/> Minor Injury</p> <p><input type="checkbox"/> Serious Injury</p> <p><input type="checkbox"/> Fatal</p> <p>7. Child's location in vehicle.</p> <div style="text-align: center;">  </div>
<p>10. Corrective Action <input type="checkbox"/> None <input type="checkbox"/> Citation <input type="checkbox"/> Warning</p>	